

INSTRUCTIONS

For Obtaining a State ABC Transitional License

- STEP 1.** Complete the attached application form. Be sure to list a daytime phone number and fax number in case we need to contact you.
- STEP 2.** Carefully read and sign both section D and section E.
- STEP 3.** **We do not accept cash!** Attach your nonrefundable processing fee by certified check, cashier check, or money order made payable to:
Kentucky State Treasurer
- STEP 4.** Have you already run your advertisement for your intentions to apply for the license in the newspaper? ☐ Yes ☐ No
- STEP 5.** Have you already paid your fees for the permanent (regular) application to the Local and State ABC Offices? ☐ Yes ☐ No
- STEP 6.** If your "Local" and "State" permanent (regular) ABC application forms for licenses are attached or if they have already been submitted you may now send this application for a transitional license to the State ABC Frankfort office.
- STEP 7.** Before the transitional license may be issued, you must provide us with your active lease or deed you have obtained on the property to be permanently licensed.
- STEP 8.** Before the transitional license may be issued, you must have completed the final purchase agreement for the sale of this business. Once the transitional license is issued, the old license at the premises will be placed in an inactive status. If you're permanent license is not issued and the seller wishes to reopen the business they will have to reapply to reactivate their old license.
- STEP 9.** Before the transitional license is issued all applicants are responsible for providing a recent copy (no more than 30 days old) of a statewide police criminal background check from all states where you have resided for the past five (5) years.
- STEP 10.** When you receive the approved transitional license, please post it at the premises before you begin to operate.

Mail application and check to:

Commonwealth of Kentucky
DEPT. OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Telephone (502) 564-4850
Fax (502) 564-1442
<http://abc.ky.gov>

TRANSITIONAL LICENSE APPLICATION

**Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400**

Site ID #

**(502) 564-4850 phone
(502) 564-1442 fax**

LEAVE BLANK - FOR ABC USE ONLY

License # _____ \$ _____ Validating # _____ License # _____ \$ _____ Validating # _____

License # _____ \$ _____ Validating # _____ License # _____ \$ _____ Validating # _____

Malt Beverage Administrator's Approval _____ Date _____

Distilled Spirits Administrator's Approval _____ Date _____

(A) Applicant's name - Legal name of person(s) or entity to be licensed _____

D.B.A. (Name of Business) (Assumed Name) _____

Address of premises to be licensed _____

Contact name _____ **day phone** _____ **fax number** _____

(B) Name the current license(s) is issued under _____

Current license number(s) _____

(C) 1. Are you applying for a:

Distilled spirits, wine, and beer transitional license? ☐ Yes ☐ No

Wine and or beer transitional license? ☐ Yes ☐ No

Beer only transitional license? ☐ Yes ☐ No

2. If question # 1 is answered "Yes" you must meet the following conditions required by KRS 243.045 to receive a transitional license. The State ABC Malt Beverage and Distilled Spirits administrators may issue a transitional license during the time a transfer of an ongoing business is being processed if you meet all of the following conditions:

a. Have you, the purchaser, advertised your intention to apply for a license(s) in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located pursuant to KRS 243.360?..... ☐ Yes ☐ No

b. Have you, the purchaser, filed an application for a permanent (regular) license(s) with the appropriate local alcoholic beverage authority and with the state Office of Alcoholic Beverage Control?..... ☐ Yes ☐ No

c. Have you, the purchaser, paid all application fees for the permanent license(s)?.... ☐ Yes ☐ No

(D) I do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I also swear or affirm that no persons listed in Section D-7 of this application are in default of a repayment obligation, such as a student loan repayment, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA). KRS 164.772.

Signature of Applicant _____ **Title** _____ **Date** _____

(E)

I do hereby solemnly swear or affirm that I have filed my local application for a permanent (regular) license(s), a certified copy of my newspaper affidavit of publication and the local license fee with the proper local Alcoholic Beverage Control authorities on this _____ day of _____ 20____.

Signature of Applicant _____ **Title** _____ **Date** _____

**You may now forward this application, any and all attachments, and your state processing fee to the
Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601**

TRANSITIONAL LICENSE APPLICATION

**Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400**

Site ID #

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<http://www.abc.ky.gov>

TYPE OF LICENSES & PROCESSING FEES

Attach a certified check, cashier check, or a money order for your license fees.

NO CASH!

LICENSE TYPE	PREFIX	✓	PAY THIS AMOUNT
<input type="checkbox"/> Transitional license (KRS 243.045) Distilled Spirits & Wine If issued, a nonrefundable fee of \$50 shall be charged to process each new transitional license pursuant to KRS 243.030(44)	TRAN-LW	<input type="checkbox"/>	\$50
<input type="checkbox"/> Transitional license (KRS 243.045) Beer (Malt Beverages) only If issued, a nonrefundable fee of \$50 shall be charged to process each new transitional license pursuant to KRS 243.040(16)	TRAN-B	<input type="checkbox"/>	\$50
TOTALS:			

If the above requirements are met, the state administrators of Malt Beverages and Distilled Spirits, as appropriate, shall have the discretion to issue a transitional license with a term of up to sixty (60) days, plus one (1) thirty (30) day extension period, to the purchaser for a nonrefundable processing fee set forth in KRS 243.030 and 243.040. All transitional licenses immediately expire upon the issuance to the purchaser of one (1) or more permanent licenses. Upon completion of the sale of the business, the purchaser shall not operate the business on the seller's license. The transitional license shall not be transferable or used for an application to move a business from one (1) location to another location.

KY ABC-Remittance Form
January 19, 2010

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Tr.
Frankfort, Ky. 40601-8400
<http://abc.ky.gov/>

(502) 564-4850 Phone
(502) 564-1442 Fax

If you are making payment with a credit card or by EFT please provide the following information.

Print Name (as it appears on credit card) _____ Telephone No. _____

Billing Address _____

Account Number _____ Expiration Date (Month and Year) _____

Check your method of payment

AMOUNT \$ _____.

☐ Visa

☐ MasterCard

☐ Discover

☐ EFT (Bank Name) _____, (Routing #) | : _ _ _ _ _ | : (Checking Account #) _ _ _ _ _ | :

Reason for your payment

☐ ABC Licensing ☐ STAR Training ☐ ABC Fine ☐ Tobacco Fine ☐ Open Records Request

Credit or apply this payment to: (Name) _____ (DBA) _____

Site I.D.# _____. License # _____ (Phone) (_____) _____ - _____.

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control

1003 Twilight Trail
Frankfort, Kentucky 40601-8400

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Fax (502) 564-1442

<http://www.abc.ky.gov>

ABC Notice to
Surrender
A State ABC

**NOTICE OF SURRENDER OF
RETAIL LIQUOR / WINE / BEER LICENSE(S)**

I _____ am the ☐ owner or the ☐ officer of the
company owning the retail liquor, wine, or beer license number(s) _____.
I hereby wish to surrender said
license(s). I understand that by doing so I relinquish all rights and claims to this
license(s) privilege issued for the premises located at _____ in
_____ Ky, Zip Code _____ County of _____,
Kentucky.

I further understand that if I wish to reopen this business or any other new
alcoholic beverage business I shall reapply for new licenses as a new applicant.

Signature _____

Print Your Name _____

Address of Premises _____

Current Mailing Address _____

City of _____ State _____ Zip Code _____

County _____

Current Phone Number () _____

I HAVE ATTACHED MY LICENSE(S) TO THIS AFFIDAVIT AND SHALL RETURN IT ALONG WITH THIS FORM TO THE KY. ABC DEPT.